

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000140047

Entity Name: PARK 1 4 U, LLC

Current Principal Place of Business:

817 HONEYCOMB TRL
ST. AUGUSTINE, FL 32095

Current Mailing Address:

817 HONEYCOMB TRL
ST. AUGUSTINE, FL 32095 UN

FEI Number: 92-3309037

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THROWER, MICHELLE L
817 HONEYCOMB TRL
ST. AUGUSTINE, FL 32095 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name THROWER, MICHELLE L
Address 817 HONEYCOMB TRL
City-State-Zip: ST. AUGUSTINE FL 32095

Title AMBR
Name LOVE, KAREN F
Address 13 SANCHEZ AVE
City-State-Zip: ST AUGUSTINE FL 32084

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE L THROWER

MGR

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date